

FITZPATRICK, CELLA, HARPER & SCINTO

650 Town Center Drive
Suite 1600
Costa Mesa, California 92626-7130
(714)540-8700

Facsimile:(714)540-9823

FACSIMILE COVER SHEET

TO: Examiner Mehrdad Dastouri
U. S. Patent & Trademark Office
Group Art Unit 2623

FROM: Andrew D. Mickelsen, Reg. No. 50,957

RE: U.S. Application No. 09/406,721
Atty. Docket No.: 03500.013864

FAX NO.: (703) 872-9314

DATE: September 23, 2002

NO. OF PAGES: 20
(including cover page)

TIME:

SENT BY:

MESSAGE**Attachments:**

- 1) Amendment Transmittal
- 2) Amendment

Certificate of Transmission

I hereby certify that this correspondence is being
facsimile transmitted to the Patent and Trademark
Office:

on 9/23/02

Date

Signature

ANDREW D. MICKELSEN
Name of person signing certificate

Note: We are transmitting from a Canon Model FAX-L770
(compatible with any Group I, Group II or Group III machine).

THIS FACSIMILE MESSAGE AND ACCOMPANYING DOCUMENTS ARE INTENDED ONLY FOR THE USE OF THE ADDRESSEE INDICATED ABOVE. INFORMATION THAT IS PRIVILEGED OR OTHERWISE CONFIDENTIAL MAY BE CONTAINED THEREIN. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, REVIEW OR USE OF THIS MESSAGE, DOCUMENTS OR INFORMATION CONTAINED THEREIN IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE OR FACSIMILE AND MAIL THE ORIGINAL TO US AT THE ABOVE ADDRESS. THANK YOU.

In re Application of:

Docket No. 03500.013864

HIROSHI SATOMI

Application No.: 09/406,721

Examiner: M. Dastouri

Filed: September 28, 1999

Group Art Unit: 2623

For: APPARATUS AND METHOD OF
PROCESSING CHARACTERS

Date: September 23, 2002 (Monday)

Certificate of Transmission

Commissioner for Patents
Washington, D.C. 20231I hereby certify that this correspondence is being
facsimile transmitted to the Patent and Trademark

Office:

on 9/23/02

Date

Signature

ANDREW D. MICKELSEN

Name of person signing certificate

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 19	MINUS	** 20	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$42 \$84	\$ 0
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.☐ A check in the amount of \$_____ is enclosed.☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 50,957

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

CA_MAIN 49959 v.1